

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Account Management Services, LLC  
Lexisnexis Document Solutions, Inc.  
150 S. Perry Street  
Montgomery, AL 36104

07cv97 S+(99) And Cmp

## 2. Article Number

(Transfer from service label)

7008 0150 0002 8065 3021

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X/

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

BELLAMY

## C. Date of Delivery

7/14/08

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

JUL 14 2008

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes